MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		0				
5		0				
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50						
TOTAL IND.	1					
TOTAL DEP.	5					
TOTAL CLAIMS	1					

			IND	DEP	IND	DEP	IND	DEP
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								